Assassination Records Review Board
Final Determination Notification

AGENCY : HSCA
RECORD NUMBER : 180-10060-10470
RECORD SERIES : STAFF PAYROLL RECORDS
AGENCY FILE NUMBER :

December 8, 1995

Status of Document: Postponed in Part

Number of releases of previously postponed information: 6
Reason for Board Action: The Review Board's decision was premised on several factors including: (a) the significant historical interest in the document in question; (b) the absence of evidence that the release of the information would cause harm to the United States or to any individual.

Number of Postponements: 3

Postponements: All the postponements in this document represent Social Security numbers.

Reason for Board Action: The text is redacted because the public disclosure of the redaction could reasonably be expected to constitute an unwarranted invasion of personal privacy, and that invasion of privacy would be so substantial that it outweighs the public interest.

Substitute Language: SSN

Date of Next Review: 2017

Board Review Completed: 10/24/95

JFK ASSASSINATION SYSTEM

IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : HSCA
RECORD NUMBER : 180-10060-10470

RECORDS SERIES :
STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

DOCUMENT INFORMATION

ORIGINATOR : HSCA
FROM :
TO :

TITLE :

DATE : 10/11/77
PAGES : 7

SUBJECTS :
HSCA, ADMINISTRATION
LICHTENFELS, BETH ANNE

DOCUMENT TYPE : PRINTED FORM
CLASSIFICATION : U
RESTRICTIONS : 3
CURRENT STATUS : P
DATE OF LAST REVIEW : 06/04/93

OPENING CRITERIA :

COMMENTS :
Box 2.

[R] - ITEM IS RESTRICTED

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Beth Anne Lichtenfels	March 1, 1978
Employee Social Security Number	**Type of Action**
042-52-4602	☐ Appointment ☒ Salary Adjustment ☐ Title Change ☐ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and ending close of business ______ (Specify Date))
Employing Office or Committee/Subcommittee	
Assassinations	

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

Position Title	Gross Annual Salary*
Document Control Clerk	$14,000

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 256 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number______ If applicable, Level______ Step______

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date March 14, 19 78 ______ (Signature of Authorizing Official)

______ (If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

LOUIS STOKES (Type or print name of Authorizing Official)

______ (Type or print name and title of above official)

Chairman (Title - If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:______
Chairman, Committee on House Administration

Office of Finance use only:

Office Code______ ID______
Benefits______
Monthly Annuity $______.00 as of ______ Payroll______

(Revised: August 1, 1977)

Copy for Initiating Office or Committee

M E M O R A N D U M

TO: ALL STAFF

RE: Payroll Certification

The Regulations and Accounting Procedures for Allowances and Expenses of Committees, Members and Employees of the U.S. House of Representatives require that, among other things, the Committee's monthly payroll certification include the relationship, if any, of each employee to any current Member of Congress. This certification is signed monthly by our Chairman.

The following are the relationships to be included in the certification:

father	nephew	brother-in-law
mother	niece	sister-in-law
son	husband	stepfather
daughter	wife	stepmother
brother	father-in-law	stepbrother
sister	mother-in-law	stepsister
uncle	son-in-law	half-brother
aunt	daughter-in-law	half-sister
first cousin		

Please complete the appropriate portion below, sign and date this form, which will then become a part of your permanent personnel file. If this status changes, you must notify the Committee's Budget Office immediately of the change.

[X] I am not related to any current (95th Congress) Member of Congress.

[ ] I am related to a current (95th Congress) Member of Congress. (Please specify.) ____________________

____

Beth Anne Lichtenfels
Signature of Employee

Oct. 11, 1977
Date

M E M O R A N D U M

TO: Tom Howarth, Budget Officer
FROM: Charlie Mathews, Special Counsel
DATE: October 5, 1977
RE: Ms. Beth Anne Lichtenfels

Ms. Beth Anne Lichtenfels has accepted the position of Document Control Clerk with the John F. Kennedy Task Force. Her effective starting date will be October 11, 1977, and her starting salary will be $12,000.00.

Your full co-operation will be appreciated in familiarizing Ms. Lichtenfels with staff procedures and welcoming her aboard.

ICM:jl

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Beth Anne Lichtenfels	October 11, 1977
Employee Social Security Number	**Type of Action**
042-52-4602	[X] Appointment [ ] Salary Adjustment [ ] Termination (At close of business on effective date)
Employing Office or Committee	
Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

Position Title	Gross Annual Salary
Document Control Clerk	$12,000.00

(If Committee Employee, complete appropriate item below:)

1. [ ] Standing Committee: Staff—[ ] Clerical or [ ] Professional.
2. [X] Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
3. [ ] Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number________ If applicable, Level________ Step________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date October 11, 1977 [signature]
(Signature of Authorizing Official)

Louis Stokes
(Type or print name of Authorizing Official)

Chairman
(Title—If Member, District and State)

eb

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:________________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code__________

Monthly Annuity $__________.00

Copy for Initiating Office or Committee

OFFICIAL SUPERIOR'S REPORT OF TRAUMATIC INJURY

21. Department or Agency
HOUSE OF REPRESENTATIVES

22. Bureau or Office
SELECT COMMITTEE ON ASSASSINATIONS

23. Name and Address of Reporting Office *(No., street, city, state, Zip Code)*
HOUSE ANNEX #2 3rd AND D STREET, WASHINGTON, D.C.

24. Regular Work Day
Begins [X] AM [ ] PM — Ends [ ] AM [X] PM

25. Number of Hours Worked Per Day
8

26. Circle Days Paid Per Week
S (M) (T) (W) (T) (F) S

27. Date and Hour of Injury *(mo., day, year)*
7/19/78 [ ] AM [X] PM

28. Date Reporting Office Received Notice of Injury *(mo., day, year)*
7/19/78

29. Date and Hour Stopped Work *(mo., day, year)*

30. If Pay Has Been Terminated, Give Date *(mo., day, year)*

31. 45 Day Period Begins *(mo., day, year)*

32. Pay Rate When Employee Stopped Work
$ ______ per ______

33. Date and Hour Employee Returned to Work *(mo., day, year)*
7/19/78 [ ] AM [X] PM

34. Name of Supervisor At Time of Injury
T. Howarth

35. Was Employee In Performance of Duty At The Time of Injury? [X] Yes, [ ] No. If No, Furnish A Detailed Explanation Or A Copy of Employing Agency's Investigation Report.

36. Was Injury Caused By Willful Misconduct, Intoxication or Intent To Injure Self or Another?
[ ] Yes [X] No. If Yes, Furnish Detailed Report.

37. Was Injury Caused By Third Party? [ ] Yes [X] No. If Yes, Furnish Name and Address of Party Responsible.

38. Date Employee First Obtained Medical Care for The Injury *(mo., day, year)*
7/19/78

39. Name and Address of Physician First Providing Medical Care
SUBURBAN HOSPITAL EMERGENCY ROOM
BETHESDA, MARYLAND

40. Do Medical Reports Show Employee is Disabled For Work?
[ ] Yes [X] No

41. Does Your Knowledge of The Facts About This Injury Agree With The Statements of The Employee And/Or Witness?
[X] Yes [ ] No. If No, Furnish A Detailed Explanation.

42. Does The Employing Agency Controvert Continuation of Pay? [ ] Yes [X] No. If Yes, Give Full Explanation For Basis of Controversion (See Item 6 of Instruction Sheet). Attach Additional Sheets If More Space Is Needed.

43. Signature of Supervisor	44. Title and Office Phone Number	45. Date *(mo., day, year)*
Thomas Howarth	Budget Officer 225-298.	7-27-78

U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
OFFICE OF WORKERS' COMPENSATION PROGRAMS

FEDERAL EMPLOYEE'S NOTICE OF TRAUMATIC INJURY AND CLAIM FOR CONTINUATION OF PAY/COMPENSATION

1. Name of Injured Employee *(Last, first, middle)*	2. Date of Birth	3.	4. Social Security Number
LICHTENFELS, BETH ANNE	1/5/55	☐ Male ☒ Female	042-52-4602

5. Employee's Home Mailing Address *(No., street, city, state, zip code)*
4401 EAST WEST HGWY, BETHESDA, MD. APT 300

6. Home Telephone
Area Code: 301
Number: 654-7184

7. Name and Address of Employing Agency
House SELECT COMM. ON ASSASSINATIONS
3rd AND D STREET, S.W.
WASHINGTON, D.C.

8. Place Where Injury Occurred *(e.g., 2nd floor, Main Post Office Bldg., 12th & Pine)*
2nd AND C STREET
WASHINGTON, D.C.

9. Date and Hour of Injury *(mo., day, year)*
7/17/78 ☐ AM ☒ PM

10. Date of This Notice *(mo., day, year)*
7/27/78

11. Dependents
Wife/Husband ☐
Children Under 18 Years Old ☐

12. Employee's Occupation
Doc. Clerk

13. Cause of Injury *(Describe how and why the injury occurred)*
Fall was caused by faulty shoe strap which broke and tripped injured employee

14. Nature of Injury *(Identify the part of the body injured, e.g., fractured left leg, etc.)*
Partially separated right shoulder torn rotating cuff, torn and bruised tendons, ligaments and muscles. Skin burn to right shoulder

15. If This Notice and Claim Was Not Filed With The Employing Agency Within 2 Working Days After The Injury, Explain The Reason For The Delay.

16. I certify that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

☐ a. Sick and/or annual leave

☐ b. Continuation of regular pay not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days (If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584).

Beth A. Lichtenfels
Signature of Employee or Person Acting on His/Her Behalf

17. Statement of Witness *(Describe what you saw, heard or know about this injury)*

18. Witness' Signature	19. Witness' Address	20. Date Signed *(mo., day, year)*

Form CA-1
Rev. Nov. 1974

(202) 225-4624

Select Committee on Assassinations
U.S. House of Representatives
3331 HOUSE OFFICE BUILDING, ANNEX 2
WASHINGTON, D.C. 20515

September 25, 1978

Office of Workers' Compensation Programs
Special Claims Unit
711 - 14th Street, N. W.
Washington, D. C. 20211

Dear Sirs:

We are forwarding herewith Form CA-1 for Beth C. Lichtenfels an employee of this Committee. We apologize for the late filing but we mis-read the instructions.

While Miss Lichtenfels did not require sick or annual leave and the Committee did not controvert continuation of pay, she did require medical treatment.

In the meantime, we filed her Form CA-1 in her personnel file.

Sincerely yours,

Thomas Howarth

THOMAS HOWARTH
Budget Officer

TH:ht